

Date

Patient Name

Address

City, ST ZIP

**This letter is to notify you of a change to your pharmacy benefit effective 1/1/2005.
Please share this letter with your doctor.**

Dear <<Patient/Member>>:

As part of the Benefit Options program that took effect October 1, 2004, your prescription drug benefit is now provided by Walgreens Health Initiatives, the new pharmacy benefit manager. To minimize any initial disruption this change may cause, a transition period is in place until December 31, 2004. This transition period allows you to obtain all medications that were on the formulary under the prescription drug benefit with CIGNA at the formulary copayment levels of \$10 for formulary generic prescriptions and \$20 for formulary brand-name prescriptions.

However, **on January 1, 2005**, this transition period will end and the Walgreens Health Initiatives formulary will be fully implemented. As of January 1, the prescription drug benefit will continue to have a three-tier copayment structure as described below, but your copayment for certain brand-name prescriptions will change:

- **1st Tier:** Includes generic medications; these medications generally have the lowest copayment – \$10 copayment for retail prescription and \$20 copayment for mail order prescriptions.
- **2nd Tier:** Includes preferred brands; these medications generally have a moderate copayment – \$20 copayment for retail prescription and \$40 copayment for mail order prescriptions.
- **3rd Tier:** Includes non-preferred brands; these medications have the highest copayment – \$40 copayment for retail prescription and \$80 copayment for mail order prescriptions.

Effective January 1, 2005, the medication(s) listed below will be considered non-preferred and will require a higher copayment:

<target drug>

Walgreens Health Initiatives has identified this/these non-preferred medication(s) from your past prescription records. If you are no longer taking the non-preferred medication listed above, please disregard this notice.

If you are still taking this drug and wish to use a preferred formulary alternative, you should consider the following alternatives and discuss them with your doctor.

The following generic formulary alternative(s) is/are available at the lowest copayment (1st Tier):

<generic drug 1>

<generic drug 2>

The following preferred-brand formulary alternative(s) is/are available at the middle copayment (2nd Tier):

<brand drug 1>

<brand drug 2>

Please note the following:

<default message 1>

<default message 2>

You can find more information about your plan's formulary list of medications on the WHI web site at www.mywhi.com. To find the formulary guides on the site, click "Patient Drug Formulary" under the Member Services section.

If you are interested in switching to a preferred formulary alternative, please ask your doctor if the alternative(s) listed is/are appropriate for you. If you have any questions about this change in your pharmacy benefit, please contact the Walgreens Health Initiatives Member Services department 24 hours a day at 1-866-846-3783.

Sincerely,

Walgreens Health Initiatives
Clinical Services